

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		2		1		1
8	1		1		1	
9	1		1		1	
10		1		1		1
11	1		1		1	
12	1		1		1	
13		3		3		3
14		3		3		3
15		3		3		3
16		3		3		3
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TOTAL IND.		↓	4	↓	5	↓
TOTAL DEP.	←		16	←	20	←
TOTAL CLAIMS			20		25	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						